

Arizona Department of Economic Security  
Division of Aging and Adult Services, Site Code 950A  
Social Services Report

1. Contractor Name	2. For Month of	3. PSA #
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**Part I - Service Data**

	Month to Date		Year to Date	
	(A)	(B)	(C)	(D)
	New Individuals	Total Units	Total Individuals	Total Units
4. Services Provided				

**Part II - Demographic Data**

	Month to Date		Year to Date	
	(E)	(F)	(G)	(H)
	New Individuals <60	New Individuals 60+	Total Individuals <60	Total Individuals 60+
5. White				
6. American Indian/Alaska Native				
7. Asian/Pacific Islander				
8. Black				
9. Hispanic				
10. One other race alone				
11. Two or more races				
12. Total				
13. 60-74				
14. 75-84				
15. 85+				
16. Female				
17. Male				
18. Frail/Disabled				
19. Residents of Rural Area				
20. Low-Income Non-Minority				
21. Low-Income Minority				

22. Prepared by	23. Date
24. Phone Number	25. E-Mail Address

## Social Service Report (AG-031) Completion Instructions

### Purpose

The purpose of this document is to capture relevant information on individuals receiving services such as transportation, outreach, information and referral, and advocacy. This document captures demographic data for individuals receiving services and provides details on unduplicated individuals and total services units.

Boxes 1-3

1. Contractor Name – enter the name of the agency reporting the information.
2. For month of – enter the month/year services are provided.
3. Planning and Service Area Number - enter the region number.

### Part I – Service Data

The numbers entered in this section pertain to new and current individuals who have received services within the fiscal year.

Line 4

4. Service provided – enter the name of the service being reported. Only one service may be listed per page. Service(s) must correspond to service(s) identified in the contract with Aging and Adult Administration. Enter “all” when reporting a cumulative unduplicated count for multiple services.

Column A - enter the total number of **NEW** individuals who have received services for the first time during the fiscal year. An individual can only be counted once.

Column B - enter the total units of service delivered during the month. These units must correspond to units reported on the AG-053.

Column C – enter the total number of individuals who have received services year-to-date for the fiscal year.

Column D – enter the total number of units delivered year-to-date for the fiscal year.

### Part II - Demographic Data

Lines 5-21

Columns E and F: The numbers entered in this section pertain to NEW individuals, under 60 or 60 years of age or older, who have received services for the first time during the fiscal year.

Lines 5 through 11 – Ethnicity: for each category, enter the number of new individuals served during the month in each appropriate column. Please note that the categories of “one other race alone” and “two or more races” has been added to the form, but is not required to be collected at this time.

Lines 12 - Total: enter the sum of lines 5-11 for both columns.

Line 13 through 15 - Age: enter the number of new individuals served during the month by age category for Column F only.

Line 16 and 17 – Sex/Gender: enter the number of new individuals served during the month by gender category.

Line 18 - Frail/Disabled: enter the number of new individuals served during the month who have a physical or mental disability, including Alzheimer's Disease or other neurological or organic brain disorder.

Line 19 - Residents of Rural Areas: enter the number of new individuals served during the month who reside in rural areas as defined by the U.S. Census Bureau. Reservations are considered rural.

Line 20 - Low-Income Non-Minority: enter the number of new individuals served during the month who are white with an annual income at or below the Federally established poverty level.

Line 21 - Low-Income Minority: enter the number of new individuals served during the month who are American Indian/Alaska Native, Asian/Pacific Islander, Black, or Hispanic with an annual income at or below the Federally established poverty level.

Columns G and H: The numbers entered in this section pertain to individual who have received services in prior months and the current month during the current fiscal year.

Lines 5-21: all entries made in this section should be the total number of individuals served, year-to-date during the fiscal year.

Boxes 22-25

22. Prepared by – enter the printed name of the individual who prepared the report and/or is responsible for the report.

23. Date – enter the date the report is submitted.

24. Phone – enter the phone number of the person who prepared the report and/or is responsible for the report.

25. E-mail – enter the e-mail address of the person who prepared the report and/or is responsible for the report.